

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213525680			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME: PHOTON RESEARCH ASSOCIATES, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: C T CORPORATION SYSTEM 4701 COX ROAD SUITE 301 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: CA </div> <div style="width: 35%;"> DUE DATE: 5/31/2013 SCC ID NO: F0592412 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 9985 PACIFIC HEIGHTS BLVD SUITE 200 CITY/ST/ZIP: SAN DIEGO, CA 92121 </div>					
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: OWEN LEWIS TITLE: PRESIDENT ADDRESS: 1616 N FORT MYER DR STE 1000 CITY/ST/ZIP/CO: ARLINGTON, VA 22209 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: OWEN LEWIS TITLE: PRESIDENT ADDRESS: 1616 N FORT MYER DR STE 1000 CITY/ST/ZIP/CO: ARLINGTON, VA 22209	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROY AZEVEDO CHAIRMAN 2000 E. EL SEGUNDO BLVD EL SEGUNDO, CA 90245	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BROOKE M BARTLESON ASST SECRETARY 870 WINTER STREET WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONNIE S FAULKNER ASST SECRETARY 2000 E EL SEGUNDO BLVD EL SEGUNDO, CA 90245	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOAN PROCOPIO ASST SECRETARY 2000 E. EL SEGUNDO BLVD EL SEGUNDO, CA 90245	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA A POLLACK SECRETARY 2000 E EL SEGUNDO BLVD EL SEGUNDO, CA 90245	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANA NG ASST SECRETARY 870 WINTER STREET WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BROOKE M BARTLESON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BROOKE M BARTLESON, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	5/31/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			